EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.



Keith Taylor ASSESSOR OF VENTURA COUNTY 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

| NAME (| OF EXHIBITOR | | | | | | | |
|--|--|--|----------------------------------|--------------------------------------|--|-----------------------------------|--|--|
| ADDRE | SS (STREET, CITY, STATE, ZI | IP CODE) | | | | | | |
| ADDRE | SS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | Λ | | |
| | DESCRIPTION | DATE ENTERED CALIFORNIA | | AXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | | |
| 1. | | | | | | | | |
| 2. | | $C \Lambda$ | | | | | | |
| 3. | | DA | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| There | exhibit of literar state; (b) I intend to remo | s brought into this state exclu y, scientific, educational, relig ove the property from the state subject to taxation in some c | ious, or artis e following it | stic works in thi ts use or exhib | is state and is used only for ition here; | these purposes while in this | | |
| (c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in the other state or country have been paid. Whom should we contact during normal business hours for additional information? | | | | | | | | |
| FOR ASSESSOR'S USE ONLY | | | | | | | | |
| Rec | eived by | (Assessor's designee) | | ADDRESS (STREE | ET, CITY, STATE, ZIP CODE) | | | |
| of | | (Assessor's designee) | | | | | | |
| on | of (county or city) | | | DAYTIME PHONE NUMBER | | | | |
| | (date) | | | E-MAIL ADDRESS | | | | |
| | CERTIFICATION | | | | | | | |
| l c | I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, | | | | | | | |

including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

| SIGNATURE OF PERSON MAKING CLAIM | TITLE | DATE | | | |
|----------------------------------|-------|------|--|--|--|
| | | | | | |
| | | | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

